

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↙		↙		↙		TOTAL IND.	↙		↙		↙	
TOTAL DEP.	↘		↘		↘		TOTAL DEP.	↘		↘		↘	
TOTAL CLAIMS	↗		↗		↗		TOTAL CLAIMS	↗		↗		↗	

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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